



APPLICATION FOR INDIVIDUAL LEAD LICENSE

State Form 49240 (R/1-02)
Form Approved by State Board of Accounts, 2002
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

IDEM – Office of Air Quality
Lead/Asbestos Section
100 N. Senate Avenue
P.O. Box 6015
Indianapolis, IN 46206-6015
Phone: (317) 233-3861 or
1-800-451-6027 (Indiana Residents Only)
<http://www.in.gov/idem/air/permits/>

- NOTE:**
- This form must be used to apply for licenses pursuant to 326 IAC 23.
 - Please type or print in ink.**
 - Return this form, required addenda, and check or money order made payable to "IDEM Lead Trust Fund" by mail to:

Cashier
Indiana Department Of Environmental Management
100 North Senate Avenue
P.O. Box 7060
Indianapolis, Indiana 46206-7060

APPLICATION TYPE

Type of application (check one):

- ☐ Initial license
☐ Renewal license

PART A: GENERAL INFORMATION

1. Applicant Name					
Last		First		Middle Initial	
2. Social Security # :			3. Home Phone #: ()		
4. Address where license should be mailed					
Street		City		State Zip code	
5. Company name (if applicable):			Company phone #: ()		
6. Birthdate		7. Sex	8. Height	9. Weight	10. Eye Color
Month Day Year					11. Hair Color
- -					

PART B: PHOTOGRAPHIC IDENTIFICATION

<p>► Pursuant to 326 IAC 23-2-4(e) and 23-2-5(c), the applicant shall provide the Department two (2) copies of a clear and recent one and one-half inch (1-1/2") by one and one-half inch (1-1/2") identifying color photograph to be attached to the license. Please enclose your photographs with this application.</p>	<div>LEAVE THESE SPACES BLANK</div> <div>FOR OFFICE USE ONLY</div>
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PART C: EDUCATION

► High School			
12. High School Name:			
High School Address			
Street		City State Zip code	
13. High school degree?		14. GED Certificate	
<input type="checkbox"/> Yes → Date received: ____ / ____ / ____		<input type="checkbox"/> Yes → Date received: ____ / ____ / ____	
<input type="checkbox"/> No		<input type="checkbox"/> No	
► College			
If applicable to the license(s) for which you are applying, <u>attach a copy</u> of all pertinent college transcripts and/or diplomas. If this information is not attached, your application will be denied pending submittal of required documents.			

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PART D: WORK EXPERIENCE

►List below, beginning with your most recent job, only work experience that pertains to the license(s) for which you are applying. Additional sheets may be attached if necessary.

→ **WORK EXPERIENCE #1**

Employer name:		Employer phone #: ()	
Employer address (street)			
City		State	Zip code
Type of business or organization:			
Exact title of position:			
Name/title of immediate supervisor:			
Specific job duties (in detail):			
Dates employed (month/year)	Employment type	# Hours/week	# Employees you supervised
FROM ____ / ____ TO ____ / ____	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time		

→ **WORK EXPERIENCE #2**

Employer name:		Employer phone #: ()	
Employer address (street)			
City		State	Zip code
Type of business or organization:			
Exact title of position:			
Name/title of immediate supervisor:			
Specific job duties (in detail):			
Dates employed (month/year)	Employment type	# Hours/week	# Employees you supervised
FROM ____ / ____ TO ____ / ____	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time		

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PART E: LEAD TRAINING INFORMATION

► Pursuant to 326 IAC 23, provide a copy of all required certificates of training indicating successful completion of Indiana-approved initial course(s) and any requisite refresher training course(s).

- **Initial License:** You must attach a copy of your initial training certificate and all refresher training certificates, if any, for every license for which you are applying.
- **Renewal License:** You must attach a copy of your current refresher training certificate for every license for which you are applying.

If copies of all required training certificates are not attached, **application will be denied** pending submittal of the required documents.

PART F: LICENSE FEES

15. Listed below is the annual license application fee schedule for each discipline. Check the appropriate box for each discipline for which you are applying and enter the total amount enclosed.

- | | |
|---|-------|
| <input type="checkbox"/> Inspector | \$150 |
| <input type="checkbox"/> Risk Assessor | \$150 |
| <input type="checkbox"/> Project Supervisor | \$150 |
| <input type="checkbox"/> Project Designer | \$100 |
| <input type="checkbox"/> Worker | \$50 |

→ Total enclosed: \$ _____

Note:

- Make all checks and money orders payable to "IDEM Lead Trust Fund".
- Per HEA 1725 (effective 5/3/99), local, city, county, and state government agencies are **exempt** from lead license fees.
- Pursuant to 326 IAC 23-2-8(c), the application fee is **not**:
 - transferable from one (1) type of lead license to another,
 - transferable from one (1) person to another,
 - transferable to any other type of license issued by the department, or
 - refundableunless requested by the applicant and approved by the department within three (3) days of submittal to the department or prior to application processing by the department, whichever is earlier.

PART G: REGISTRATION FOR LEAD-BASED PAINT THIRD-PARTY EXAM(S)

► If you have not already taken the third-party exam, please fill out the attached third-party exam registration form only when applying for an initial Inspector, Risk Assessor, Project Supervisor and/or Project Designer license(s) and only if you have already completed the requisite training courses.

PART H: SIGNATURE

► **IMPORTANT**

- Allow four (4) to six (6) weeks for processing of a **complete application package** and receipt of your license(s).
- Make sure you have completed all appropriate sections of this application and have included all required addenda. Sign and date the application and return it to the address shown on page one (1) of this application. Applications will be returned which are incomplete or contain errors in response to any questions on the form and will result in a delay in processing and issuance of your license(s).
- All information requested on this application is mandatory for the administration and processing of your license application pursuant to 326 IAC 23. Except for scores on any training examination, all other personal data received will be regarded as a public record subject to disclosure in accordance with IC 5-14-3 and 326 IAC 17-1-4.
- Make sure you have enclosed two (2) 1-1/2 inch by 1-1/2 inch color photographs of the applicant. Also, if you have multiple licenses, enclose two (2) photographs per license. License(s) cannot be issued without photographs.
- If you have not already taken the third-party exam, please fill out the attached third-party exam registration form only when applying for an initial Inspector, Risk Assessor, Project Supervisor and/or Project Designer license(s) and only if you have already completed the requisite training courses.
- Applicant must sign two (2) white wallet-size signature cards for each license and return all of the signature cards with a completed application form.
 - One card will become part of the applicant's license and will be mailed to the applicant or applicant's company upon approval of the application.
 - Signature cards may not be photocopied.
 - If additional signature cards are needed for additional applicants, contact the Lead License Program at the address shown on page one (1) of this application or call 317/233-3861.

"I hereby certify that there are no misrepresentations in or falsifications of information submitted in this application. I understand that should investigations disclose any falsification of information submitted in this application, my license(s) may be revoked. I understand that failure to comply with requirements as outlined within federal, state, or local lead-related regulations may result in civil and/or criminal penalties."

SIGNATURE OF APPLICANT: _____ DATE SIGNED: ____ / ____ / ____